

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docushare document

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Labor & Workforce Development Ag					
POSITION		BARGAINING UNIT		DIVISION OR BUREAU Labor & Workforce Development Agency			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25				
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101			TELEPHONE NUMBER 916-327-9064				
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
						Sacramento		CA		95814	

(1) MONTH/YEAR 09 2009	(2) DATE Date Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) COST OF TRANS (A)	(B) TYPE USED	(8) TRANSPORTATION		(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	O.T., L/T, RELO or DINNER				(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
2	1030	Sac to Mexico	166.16		10.00	18.00			PC		11.02 \$6.061		200.221
3		Mexico	166.16	**	**	**	6.00						172.160
4	2430	Mexico to Sac		**	10.00	18.00	6.00		PC P	27.00	30.69 \$16.880		77.880
			Continental Airlines via State Contract w/Sac Travel										
(10) SUBTOTALS			332.32		20.00	36.00	12.00			27.00	41.71 \$22.941		\$450.26
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)		(11A) Summary						(12) NORMAL WORK HOURS	
		Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only		
9/2-4 Border Governor's Conference in Monterrey, Mexico ** = provided								(13) PRIVATE VEHICLE LICENSE	
								(14) MILEAGE RATE CLAIMED \$0.550	
								AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.									

CLAIMANT'S SIGNATURE 		DATE 9/8/09	(16) SIGNATURE OF AGENCY AND PAYMENT 	DATE 9-9-09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE	

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CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
		CA				Sacramento		CA		95814	

(1) MONTH/YEAR	(2)	(3) LOCATION	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
09 2009													
	Date Time	WHERE EXPENSES WERE INCURRED		BREAKFAST	LUNCH	O.T., LT, RELO or DINNER							
	29 0830	Sac to Los Angeles	n/a		10.00	18.00			PC (2) P	12.00	11.02 \$6.061		46.061
	30	Los Angeles	n/a	6.00	provided	18.00	6.00		P (2)	12.00			42.000
	1	Los Angeles	n/a	6.00	provided	18.00	6.00		P (2)	12.00			42.000
	2 2045	Los Angeles to Sac		6.00	provided	18.00	6.00	322.95	PC (3) P	48.00	11.02 \$6.061		407.011
#7A Southwest Airlines State Contract not available-used personal card													
Enterprise Rental Car/via State Contract													
(10) SUBTOTALS				18.00	10.00	72.00	18.00	322.95		84.00	22.04 \$12.122		\$537.07
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL													
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary						(12) NORMAL WORK HOURS			
				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only				
9/29-10/2 Governor's Global Climate Summit										(13) PRIVATE VEHICLE LICENSE			
2 - Lodging not applicable										(14) MILEAGE RATE CLAIMED			
stayed w/family near Los Angeles - #7(A)										\$0.550			
\$322.95 = \$307.20 Airfair \$15.75 RC fuel										AGENCY ACCOUNTING OFFICE			
										USE ONLY			
										PAID BY REVOLVING FUND CHECK NUMBER			
				Total			Document Reference	Prepared By					
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CLAIMANT				DATE 10/5/09				(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT C				DATE 10-6-09	
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)												DATE	